DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CADY HOME WEST 1 (0008829)

Address: 1805 NORTH 6TH AVENUE, WAUSAU, WI 54402

License Status: REGULAR

Licensed/Certified/Registered 04/01/2000

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095862 End Date: 10/20/2005 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009473 Served 11/14/2005

Compliance

Deficiencies Cited
83.41(10)(a)Subject Area
BUILDING MAINTENANCEVerified
Corrected

Survey ID: 0092248 End Date: 02/12/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091510 End Date: 10/07/2003 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005257 Served 11/14/2003

<u>Compliance</u>

Deficiencies Cited
83.51(2)(a)3Subject Area
SELF-CLOSING FIRE-RESISTANT DOORVerified
02/12/2004Corrected
Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 11/09/2005 SOD #10009473 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Complaint History

Date Complaint Received: 11/05/2003 Date Investigation Completed: 02/12/2004

Subject Area(s) Result SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE SUBSTANTIATED NOT RECORDED NUTRITION & FOOD SERVICES SUBSTANTIATED NOT RECORDED

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